Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Pai	II General Informatio	n		•					
1	Name of organization (CAMPAIGN ACCO)	UNT OF K	ATHY D	ENT	Employer identification number 65:1026856				
2	Mailing address (P.O. Box or number 1907). Box 326	, 9	n or suite num!	per)					
	City or town, state, and ZIP cod SARASOTA, F	L 3423	0						
3	E-mail address of organization Kaenta den Name of custodian of records	+ Cook . Con	<u>n</u>						
4a			4b Custodi	an's address). BOX 3269					
	KATHY DENT			ARASOTA, FL 3	4230				
5a	Name of contact person		5b Contact	person's address 0. BOX 3269					
	KATHY DENT	_	l	O. BOX 3269 ARASOVA, FL 3	34830				
6									
	City or town, state, and ZIP cod	le							
Pa	rt II Purpose								
, 	Describe the purpose of the org	anization OUNTY - WI	DE CA	MPAIGN FOR	SUPERVISOR				
	DE ELECTION	CILL SAM	YTAZAS	- THE ACCOU	117 1.102 SOT				
	UP FOR CONTY	SIBUTIONS	and	Expenditure	5				
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Рa	rt III List of All Related	Entities (see ins	tructions)						
8a	Name of related entity	8b Relations		8c Address					
	N)a				,,				
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For	Paperwork Reduction Act Notice	e, see page 4.		Cat. No. 30405V	Form 8871 (7-2000)				

KATHY DENT Candidate/ Deputy Lamparan Treasurer SARASOM, FR CAMBERS CONTROL STAMIAMI. Tr. TREASURED OFFICER Dischar that the organization named in Part In to be treated as an organization described in section 527 of the Internal Review Code, and that I have examined they code. Encluding accompanying schedules and statements, and to the best of my knowledge and beself, it is true, correct, and complete.	Name List of All Officers, Die	rectors, and Highly Cor	mpensated Employees (see instructions) 9c Address
Under penalties of pryury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this palce, including accompanying schedules and statements, and to the best of my knowledge and bestef, it is true, correct, and complete.	In-un Deut	Candidate/	P.O. Ber 3269
Under penalties of perjury. I declare that the organization named in Part I is to be trailed as an organization described in section 527 of the Internal Revenue Code, and that I have examined this police, including accompanying schedules and statements, and to the best of my knowledge and bestef. It is true, correct, and complete.	HATHA DENT	Deputy Camon	an Treasurer SARASOM, FL
Under penalties of perjury Lidicilare that the organization named in Part Lis to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this police, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.	LLAN LICHTENSTEIN	CAMPAIGN TREASURSP	2501 S. Tamiami Tr.
Under penaties of perjury, Localize that the organization named in Part Lis to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this police, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.	Q.P.A.	OFFICER	Sarasorn, FC 34239
Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.			
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1.	Revenue Code, and that I have	examined this notice, including acc	companying schedules and statements, and to the best of my knowledge and belief
Sign Signature of authorized official Date		y X lent	7-28-06 Date